

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">04/379722</div>	FILING DATE						
CLAIMS						APPLICANT(S)							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54		2				
5		/					55		2				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		2					59		/				
10		2					60		/				
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		2				
22		/					72		2				
23		2					73		/				
24		2					74		/				
25		/					75		/				
26		/					76		/				
27		/					77		/				
28		/					78		/				
29		/					79		/				
30	/						80		/				
31	/						81		/				
32	/						82		/				
33		/					83		/				
34		/					84		/				
35		/					85		2				
36		/					86		2				
37		/					87		/				
38		/					88		/				
39		/					89		/				
40		2					90		/				
41		2					91		/				
42		/					92	/	/				
43		/					93	/					
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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